l II	l		••••		ALTH OF MISS				144	21
	HLED MAY	13 1953	STANDA	RD CERTIF	ICATE OF D	EAIH	State !	File No	040	
	BIRTH NO		REG. DIST. NO	<i>149</i> _	PRIMARY REG. DIS			rar's No.	212	9
0	I. PLACE OF DEA a. COUNTY		kson		2. USUAL. RES a. STATE	Missour		MTYJac	kson	idence before admission),
	b. CITY (If outside cor OR TOWN K	ansas Cit	township)	LENGTH OF STAY (In this place) 75 VY	II TOWN		as City	l din tora	303	8
	d. FULL NAME OF (I HOSPITAL OR INSTITUTION	If not in hospital or			d. STREET ADDRESS	•	give location) 7 Pacific	;	0	_
2	3. NAME OF DECEASED	a. (First)		Middle)	c. (Last)		4. DATE ((Month)	(Day)	(Year)
:	(Type or Print)	Harry	<u>.</u>		Payne		OF DEATH	4	16	53
13.51	<i>J</i> _	COLOR OR RACE	7. MARRIED, NEV WIDOWED, DIVI Sing		8. DATE OF BIRTH		9. AGE (In years last birthday) 75	Months		UNDER 11 HRS. PERS Min.
FERMAN	10a. USUAL OCCUPATIO done during most of workin Laborer	N (Give kind of work	10b. KIND OF BU		1	(Gity and State as Cit	or Foreign Count	3	COUNTR	NOF WHAT
- 11	13a. FATHER'S NAME			THER'S MAIDEN	**		ME OF HUSBAND	OR WIF	<u>u. s.</u> E	<u> </u>
4	Unknow	n .	. A	lice Pa	vne] ,	4			
MAR	IS. WAS DECEASED EVE		FORCES? 16. SOC	IAL SECURITY NO. LO-1504	17. INFORMAN	T's sign. Harde			7 Pac	DRESS cific
	IR CAUSE OF DEATH MEDICAL				ERTIFICATION		INTERVA	L BETWEEN		
1016	Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION Cerebral Vascular Accident						- CRSEL A	·		
4	*This does not mean ANTECEDENT CAUSES ANTECEDENT CAUSES Hypertensive Cardio vascular disea						se e			
BLACK	the mode of dying, such as heart fallure, asthenia, etc. It means the dis-	Ture, authenia. The above cause (a) stating								
	case, injury, or complica-			TO (c)				·		
NTO	tion which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							1443	<u> </u>
ONFADING	19a. DATE OF OPERA- TION	196, MAJOR FIN	idings of operati	ON		•	· · · · · · · · · · · · · · · · · · ·	·	20. AUT	OPSY7
- 11	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b. PLACE OF INJUI		21c. (CITY, TOWN,	or Townshi	P) (CO	UNTY)	_ (SI	TATE)
מ ח	21d. TIME (Moesh) OF INJURY	(Day) (Year)	CHour) 21e. INJU WHILE AT WORK	RY OCCURRED MOT WHILE AT WORK	211. HOW DID INJI	JRY OCCUR?				
VRITE PLAINLY—USING	22. I hereby certify that I attended the deceased from 4-14-53, 19, to 4-16-53, 19, that I last saw the decease alive on 4-16-53, 19, and that death occurred at 6:10 p m., from the causes and on the date stated above.									
. r.ua	23a. SIGNATURE E.Frank Elli	s S	mas (2	(Degree or title)	236. ADDRESS 600_E	East 22n	nd Street		23c. DA1 4-17	7-53
V ICI LI	24a. BURIAL, CREMA TION, REMOVAL (Bredty Removal	24b. DATE 4-21-5	3 24c. Kg	Ne of cemeter loodlawn	or crematory Cemetery		nsascit		ans .	(State)
	DATE REC'D BY LOCAL REG 4-12-53		SIGNATURE	Smith	Mattau	9/11			2.0	·/E.
U			(Licen	sed Embalmer's	Statement on Reverse	Side)				-

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse sid	de of	this (certificate	was	embaln	ned b	y me, c	or by	******
		,	Studen	t Em	balmer	No.	·	•	
orking under my personal supervision.		1	. 4	1	·-7	-/		1	

Ligensed Embalmer No. 3) 0 4

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.